Medicaid Planning Information Form

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Please complete the form to the best of your ability. This information will be used to assess Medicaid planning options for your family. It will be kept confidential.

Date:_____

Contact Person: _____

Relationship to potential Medicaid applicant: _____ DOB:_____

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email: _____ How did you hear about us?_____

Information regarding the potential Medicaid applicant:

Name: _____

Date of Birth: _____ Social Security #: _____

Residence address: _____

☐ Home / Independent ☐ Assisted Living ☐ Full Nursing Care ☐ Other: _____

If applicable, Name of Facility: _____ Date of Admission: _____

Marital Status / Family

☐ Single

☐ Married Spouse's Name: _____ Spouse is on Medicaid? Y N

☐ Widowed Spouse's Name: _____ Spouse was on Medicaid? Y N

☐ Divorced Year of divorce: _____

Number of children: _____ Number of children in town & involved: _____

☐ At least one child is blind or disabled Name: _____

Education / Military Experience

☐ High School Graduate ☐ Military Veteran ☐ WWII Veteran

Legal Documents (please bring to your appointment)

☐ Will (date: _____) ☐ Trust (date: _____)

☐ Power of Attorney (date: _____) Gift Provision? Y N

Named agent / attorney-in-fact: _____

☐ Health Care Power of Attorney (date: _____)

Named agent / attorney-in-fact for health care: _____

Health Information

Physical Health: ☐ Able ☐ Needs Periodic Help ☐ Needs Daily Help ☐ Serious

_____

Mental Health: ☐ Clear ☐ Somewhat confused ☐ Very confused ☐ Totally unaware

_____

Expected living situation in the next <u>30 days</u>: ☐ Independent ☐ Indep. with Help

☐ Assisted Living ☐ Full Skilled Care Nursing _____

Expected living situation in the next <u>6 months</u>: ☐ Independent ☐ Indep. with Help

☐ Assisted Living ☐ Full Skilled Care Nursing _____

Insurance

Long term care coverage? Y N If yes, please bring policy.

Supplemental Health Insurance? Y N If yes, list company and premium _____

Financial Information (Approximate values)

Assets (combine with spouse if married)

House: $_____

Car(s): $_____

Bank Accounts & CDs: $_____

IRAs / Annuities: $_____

Other Investments: $_____

Other Assets: $_____

Debts (combine with spouse if married)

Mortgage(s): $_____

Credit Cards: $_____

Other Debts: $_____

Income

Social Security: $_____ / month

Pension: $_____ / month

Other Income: $_____ / _____

Spouse's Income (if married)

Social Security: $_____ /mo.

Pension: $_____ /mo.

Other Income: $_____ / ___

Other

Number of life insurance policies: _____ Approximate total value: $ _____

Was a federal income tax return filed last year? Y N (If yes, please bring a copy)

Specific Questions You Have

_____

_____

_____

_____